

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

91181311

FILING DATE

10-28-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
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20	/		/			
21	6		6			
22	6		6			
23	6		6			
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TOTAL IND.	11	0	11	0		0
TOTAL DEP.	54	0	54	0		0
TOTAL CLAIMS	65		65			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS